



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90026 038 \*\*\*\*61.25

<b>DOCUMENT # 709987</b> 1. Entity Name <b>PAGEENTRY, INC.</b>					
Principal Place of Business <b>7430 S.W. 59TH ST. MIAMI FL 33143</b>			Mailing Address <b>7430 S.W. 59TH ST. MIAMI FL 33143</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-6169749</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		 1st MOORE      CR2E037 (10/04)			
6. Name and Address of Current Registered Agent  <b>FRIEDMAN, MR. BOB 1920 E. HALLANDALE BEACH BLVD. SUITE 803 HALLANDALE FL 33009</b>					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	<b>P</b> <b>WYRICK, REV. V. NEIL</b> <input type="checkbox"/> Delete <b>7430 SW 59TH ST.</b> <b>MIAMI FL</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<b>D</b> <b>HILYARD, MRS. JOYCE</b> <input type="checkbox"/> Delete <b>8511 SW 21ST ST.</b> <b>MIAMI FL</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<b>D</b> <b>MOORE, MRS. ROSALIE</b> <input checked="" type="checkbox"/> Delete <b>14870 S.W. 129 PLACE ROAD</b> <b>MIAMI FL 33186-6323</b>	TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<b>D</b> <b>JACKSON, MRS CANDYNCE</b> <input type="checkbox"/> Delete <b>9420 S.W. 181 TERRACE</b> <b>MIAMI FL 33157</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<b>ID</b> <b>WYRICK, THEOLA</b> <input type="checkbox"/> Delete <b>7430 S.W. 59TH ST.</b> <b>MIAMI FL</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <u>Rev. V. Neil Wyrick</u>      <u>REV V NEIL WYRICK</u>      <u>3/13/05</u>      <u>305-665-8686</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					